Sonia – Metrorrhagia

D – Come in.

P – Good morning, how are you?

D – Morning, Sonia, nice to see you. I'm well, thank you.

P – Long time no see. Although I have been here, it's like I hit fifty and I'm at the bloody doctor's all the time, but never mind.

D – What would you like to talk about today?

P – I've had—the last time I was in, I was in about my blepharospasm and I was talking to Dr Devlin, and that was a separate matter, and I happened to mention to him that I've had some really heavy periods. It was just after I'd seen him – he gave me something called tranexamic acid, I haven't taken it yet because it was not last month but the month before. Anyway, in the last seven weeks, I've probably been bleeding every three days, but really heavily – and had pain in between, as well. Now it's getting to the point where I'm thinking I'm a little bit worried about this, because I just thought at first that it was break-through bleeding or—but I'm bleeding again this week and it's like every half an hour I'm at the toilet. And just, in the job I'm doing, sitting in child protection conferences, it's not cool to be going, 'can I just...?', and I'm not having an option about that, you know.

D – Yeah.

P – Even double sanitising, you think, this is not good. So, I thought I'd better come and check it.

D – Sounds horrible.

P – It is, it's not great, yeah.

D – This is all about your periods today?

P – All about, yeah.

D – Was there anything else that you wanted to touch upon today?

P – No, I mean, I've done the 'doctor Google' thing and I've still got loads of stress, still, with the blepharospasm – they're under control at the minute, I've had Botox again at the weekend, and that just creates this, like… you're like that all the time.

D – Yeah.

P – But I know stress—I was thinking, 'is this stress related, is this age related?'. But it's quite sudden and it's just been continuous; and it's the pain in between. I was just thinking that I can understand having cramp while you're bleeding, okay, is this the menopause on it's way? But, I've been 28 days, bang on, never changed and then just this last few weeks…

D – So, the last seven weeks, you've had this problem with irregular, frequent periods?

P – Yes. My husband works in Iraq, and the last time he was home—it happened about 5 years ago, and I was doubled up in pain. The time before, this has only ever happened three times, I ended up in hospital because they thought it was a burst ovarian cyst. The same sort of thing happened about 5 weeks before he went back, so that would be about 10 weeks ago, and it was exactly the same – I had to lie on the floor, in a lot of pain, and I thought, 'is it the same thing again?'. I didn't go to hospital – it went off after a couple of hours. From there, it just hasn't been right.

D – Okay.

P – So, I'm not sure what's going on.

D – Did you have any thoughts from what you looked up on Google?

P – I didn't know if it was perhaps cysts again, or fibroids, or if it is just my age – but it's because it's sudden and it's been relentless.

D – And, because of your age, because you're fifty, your periods up until seven weeks ago were bang on every 28 days, and how many days did they last?

P – Five days. I could set my clock.

D – What was your bleeding like?

P – Getting heavier, which is what I spoke to Dr Devlin about, but that was only very recently – fine, never changed really.

D – So, this sounds very disorganised now; very heavy and very unpredictable. You're bleeding very heavily and it's coming through your pads.

P – Yeah, yeah.

D – So double sanitary?

P – Yeah.

D – Sounds awful.

P – The joys of being a woman.

D – Worst case scenario – was there anything that was in your mind?

P – Well, the worst's always cervical cancer, isn't it, but I can't remember the last time I had a smear, but I'm at the age where you don't get them anymore, isn't it?

D – Not quite, we still do them, and we'll have a check back in your records to see when your last one was. You're not sure when you had your last one?

P – I can't remember.

D – It's usually every three years.

P – Yeah, we moved house and renovated a house so I don't know if I…

D – I'll have a look back at that for you, no problem. It's more likely **not** to be cervical cancer, but there is a potential link with heavy bleeding with problems with the lining of the womb, so endometrial cancer, it could be, but it's unlikely.

P – Okay.

D – Not with what you're describing so far. It sounds less likely, okay?

P – Yeah.

D – Anything in the family?

P – My mam died when I was 33, I'm an only child.

D – What did she die from?

P – Cardiomyopathy.

D – Okay.

P – So, I'm not really sure.

D – Your general health otherwise been fine?

P – Yeah, fine. Go to the gym four times a week, swim twice. I eat alright, probably drink too much wine on a weekend but…

D – Do we need to talk about that?

P – No, I'm joking, it was a Christmas do on Saturday and it was a two-day hangover, I think if I drank too much I wouldn't have a two-day hangover.

D – Not generally. Family-wise otherwise, I mean, your husband's mostly in Iraq.

P – Yeah, but that's never changed; he's been Kenya, Iraq, Algeria, he's worked all over the world.

D – Your relationship with him fine?

P – Fine, yeah.

D – And work-wise for you, you say you're in child protection conferences an awful lot. Tell me a little bit more about your job?

P – It's really stressful.

D – Yeah. What's your role?

P – I'm a manager in the Early Help Service. We have to do more with less, same as everybody, really. Just the sad, mad, and bad seem to be getting sadder, madder, and badder – it's just really quite hard sometimes.

D – Yeah. Are you coping?

P – Yeah, I think so. We've just had a big restructure, but that's about the twentieth restructure I've had during my career with the police and criminal justice and…

D – Mood-wise, how are you?

P – All right.

D – Sleeping okay?

P – Oh, yeah. Yeah.

D – And who's at home?

P – My daughter, she's 25.

D – Okay, and things are okay with her?

P - Yeah

D – Okay. You're not a smoker?

P – No.

D – No other bad habits I need to know about, from the sounds of things?

P – No, I don't think so.

D – Okay. We'll look at your medication as well, at the moment, because you didn't use that tranexamic acid.

P – I didn't, no, the only thing I take is, I take a Benadryl every day for my eyes.

D – Shall I issue you any more medication today, or are you okay for everything that you've been prescribed?

P – I haven't been prescribed—other than Dr Devlin… I don't have anything on prescription.

D – Yeah, okay.

P – So, it's eye drops and Benadryl, mainly.

D – Got you. All right. Is there anything in particular that you were thinking that I could do for you today?

P – I don't know whether—when I've done the 'doctor Google' thing, I don't know whether, is this hormones? Do I need a hormone check? I don't know whether that indicates when it could be menopausal.

D – Okay, we can talk about the options for you in regards to that.

P – Okay.

D – Can I just check – are you getting any flushes at all?

P – No.

D – Any changes in your weight at all?

P – No, well, in the last year I've probably gained about three pounds, I'm about 9 (stone) six at the minute.

D – Any discharge from down below?

P – Not, no, nothing.

D – Intercourse, any problems with that, any pain?

P – No, apart from the fact that he's away every five weeks.

D – Have you ever had any sexually transmittable infections at all?

P – Not that I'm aware of.

D – No unusual discharge from down below until seven weeks ago, and now it's all over the place, isn't it?

P – Yeah.

D – Okay. It sounds like, in amongst everything, we're going to have to do an examination of your down below.

P – Okay.

D – But we're going to need a chaperone to do that, so…

P – That might be a bit difficult today.

D – Yeah, maybe we'll tee that off for another day if that's okay for you.

P – That's fine, yeah.

D – So, you can either come back and have that done by a female GP, or you can get me to do it with a nurse chaperone, if that's okay.

P – Yeah, that's fine.

D – It doesn't sound like that's particularly urgent, and it doesn't sound like we're particularly worried about cervical cancer for you.

P – Okay.

D – Perhaps I can get you to pop yourself on the scales and I'll have a wee feel of your tummy.

P – Okeydokey.

D – Just to make sure I can't feel any fibroids. Did you ever have a scan before?

P – No, I don't think so.

D – So 62 and a half, that's lovely. Lie yourself on the couch. You can feel it's not been part of this, has it?

P – No.

D – Look the other way for me. Great, okay, so you're not pale, that's great. But you have been bleeding quite heavily haven't you?

P – Yeah.

D – Come and take yourself a seat. The most likely thing is that this is linked in with disorganisation between the various balance of hormones that you've got. It might be that we need to do to try to settle this down is give you what's called a cyclical progestogen.

P – Right.

D – And that will often re-gig your periods, and make your periods more regular.

P – Right, and if it is fibroids or it is…

D – Well, you didn't have any problems up until seven weeks ago did you?

P – No, not really, no.

D - Let's examine you down below, and try the hormone options and see if that will help things.

P – Okay.

D – I think that under the circumstances, with you having such heavy bleeding, it's worthwhile me checking your blood count to make sure that you're not anaemic.

P – Okay.

D – And it's also worthwhile, on the off chance, to check your thyroid – but your symptoms don't sound like they're linked with your thyroid, and you're not presenting as somebody who's got either an overactive or underactive thyroid.

P – Yeah.

D – If you put your hands out for me. So, no particular tremor. You've got no goitre or swelling in your neck, which would suggest a thyroid problem, and you've got none of the symptoms that would make me think of an overactive or underactive thyroid. Your bowels have been okay?

P – Yeah.

D – Your skin's been okay?

P – Yeah.

D – Your hair's been fine?

P – Yeah.

D – Fine. Good. So, what I would suggest that we do at the moment, is tee you up for that examination to reassure you about cervical cancer; because that would reassure you a little bit, to make sure that there's nothing worrying behind that. And, what we could do, if this is an ongoing problem that doesn't settle with this plan of action, is we could think about doing an ultrasound scan down below.

P – Okay.

D – Which looks at the lining of your womb, and also looks at your ovaries, because you were worried about ovarian things. This does not sound like an ovarian thing, it sounds like disorganised bleeding linked to the menopause or the change in your cycle. Okay, so, but it might just be a blip.

P – Okay.

D – Because, up until 7 weeks ago, your periods were absolutely fine, you were one hundred percent regular. So, it might well be that all we need to do is regularise your periods at the moment. Doesn't sound like you're getting any other symptoms linked with the menopause just yet, so we could think about putting you on HRT at a later date to keep your cycle regular, if you're getting symptoms of the menopause.

P – Okay.

D – I think at the moment, we just want to reorganise your periods.

P – Okeydokey.

D – Does that sound okay?

P – Yeah.

D – So, that normally will involve a tablet called Norethisterone, which is a cyclical progestogen, and you take it—have you got heavy bleeding at the moment?

P – Yeah.

D – So, while you've got the heavy bleeding at the moment, what I would suggest you do is you take three tablets of these when your bleeding is heavy.

P – Okay.

D – And until the bleeding stops, and carry that on for three or four days after the bleeding has stopped, and then what I'd encourage you to do is from day nineteen to day twenty-six of each cycle, for three or four cycles, you take 3 tablets a day.

P – Okay. See if that will kick-start it.

D – And that usually will make your cycle regular.

P – Okay.

D – Okay?

P – What's the side-effects, if any?

D – Well, it's uncommon for it to cause significant problems, but it can cause some skin changes, and it can cause some breast tenderness.

P – Right.

D – Okay. Those are the most common things, and potentially a bit of nausea, but it's not usually not the case that it causes that, at all. So, if you tee up to see either a female GP, or myself with a nurse chaperone, which would you prefer?

P – I'm easy, either way, I'm really not bothered.

D – Okay. Do you have any questions at this stage?

P – No. It's quite clear.

D – So, just to make sure that you've got that right, if you could just repeat to me what your plan is now, with regard to these?

P – Three to four days from now until a couple of days after it's stopped, and then from nineteen to twenty-six, repeat the same.

D – So, day one of your period is the first day of your bleed.

P – Yep.

D – So, day nineteen to day twenty-six of each cycle, if you take 3 tablets each day. So, from now you're going to take 3 tablets a day until the bleeding has stopped, and then for another three or four days, and then you're going to stop.

P – Okay.

D – And then, usually, you'd get a withdrawal bleed after that, and then hopefully a slightly more organised bleed. You're also going to have a blood test done in the next week for your blood count and also your thyroid, if that's okay with you.

P – Yeah, no problem.

D – I won't guarantee that you can have that blood test today, but if you can have that blood test as soon as possible.

P – Okey dokey, no worries.

D – We'll have the results back in a week, and your goal is also to book an appointment to see me or one of my colleagues within the next week or so. I really don't think we're thinking about cervical cancer at all.

P – Okay.

D – And the most likely thing is that it's linked in with irregularities of your hormones, to your cycle. We'll check your thyroid, check your blood count, and then we'll talk again about this.

P – Okay.

D – Do you want a name for this diagnosis?

P – If you want to, yeah.

D – Okay, so officially this is called metrorrhagia.

P – Okay.

D – Okay, and all that means is 'very heavy bleeding', but it's usually linked with the peri-menopause. So, it's kind of around where the hormones start to become a little bit skew-whiff, and usually it's linked to anovulatory cycles, so, cycles when you're not producing an egg, where the hormone levels are not regulated between the ovary and your pituitary. Which is where you produce a lot of hormones that control your ovaries, and the feedback loop that normally goes back and forth doesn't work very well.

P – Right.

D – So, what we're trying to do is regulate it and bring it back under control.

P – Right.

D – But it may well be that, if you continue to have symptoms that link with the menopause, we can think about a form of HRT to help you with this as well.

P – Okay.

D – Okay, so have a wee read up about that.

P – Thank you.

D – Let's talk again once you've had the blood test results and the examination.

P – Great.

D – Does that sound okay?

P – Sounds great.

D – That can be done on the phone, if you like.

P – Smashing, great. Thank you very much.

D – Any questions.

P – No, have a lovely Christmas.

D – Okay, thank you.

P – See you later then, thanks.